

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)



P

_____, Mass.

Date _____ 19____

City, Town _____

Permit # _____

Building _____

Owner's _____

AT: Location _____

Name _____

_____ Type of Occupancy: _____

New Renovation Replacement

FIXTURES

Plans Submitted Yes No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:								
SUB-BSMT.																													
BASEMENT																													
1ST FLOOR																													
2ND FLOOR																													
3RD FLOOR																													
4TH FLOOR																													
5TH FLOOR																													
6TH FLOOR																													
7TH FLOOR																													
8TH FLOOR																													

(Print or Type)

Installing Company Name _____

Address _____

Business Telephone _____

Check One:

Corp. _____

Partnership _____

Firm/ Company _____

Certificate

Name of Licensed Plumber or Gasfitter _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

Signature of Owner/ Agent _____

I have a current liability insurance policy to include completed operations coverage.

By _____
Title _____
City/Town _____
APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber _____

Type of Plumbing License

Master Journeyman

License Number _____